

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	84		2-27-01
O.I.P.E. CLASSIFIER		43	9/5/01
FORMALITY REVIEW	2A	1120	10-9-01
RESPONSE FORMALITY REVIEW	M.D.	GL	01-14-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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47  
 10/6/01  
 8/21  
 8/1/02